

DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 1.4.4	Subject: PROFESSIONAL ASSOCIATIONS, CONTINUING EDUCATION, SUPPLEMENTAL TRAINING and RESOURCES		
Chapter 1: ADMINISTRATION	Page 1 of 4, plus attachment		
Section 4: Training and Staff Deve	Revision Date:		
Signature: /s/ by Director 7/15/96		Effective Date: Dec. 1, 1996	

I. POLICY:

It is the policy of the Montana Department of Corrections to provide supplemental training resources to the programs or facilities as may be appropriate, to make those resources available to staff on as broad a basis as possible, and to encourage staff to further their professional education through Department and outside channels. The Department promotes staff membership and participation in criminal justice and allied professional associations and activities.

II. AUTHORITY:

53-1-203, MCA. Powers and Duties of Department of CorrectionsMOM 3-0190 Education and Training

III. DEFINITIONS:

None

IV. PROCEDURES:

The Department will facilitate the availability of a wide variety of training resources, through formal and informal channels. Facility/program administrators are encouraged to seek, in their local community, resources that will supplement those available through Departmental channels.

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A. <u>Professional Association Membership/Development Activities</u>

The Department encourages its employees to improve their job skills through participation in professional associations and correctional organizations. Individual membership fees and/or dues are the responsibility of the staff member and should not be reimbursed by the Department.

Memberships in associations which benefit the entire Department and/or individual facilities/programs may be funded with State resources with the approval of the Facility Administrator and/or the Director.

B. Supplemental Training Resources

The Department encourages its employees to improve their job skills through participation in educational programs for additional formal education. Total funding, partial funding, referral to outside funding, and/or administrative leave may be available when approved in advance by the immediate supervisor, facility/program administrator, and the Training Unit.

Staff may be encouraged to use outside resources such as colleges, universities, or federal agencies for guidance and assistance in obtaining professional development materials.

The Training Unit will develop a system to comply with the intent of this policy by obtaining and distributing informational material regarding educational and professional development opportunities.

C. Staff Library

A centralized staff training library will be maintained to support training and employee professional development. Each facility/program may also maintain a staff library. At a minimum, the centralized staff library resources will include the following:

a library lending service that complements the training and staff development program

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- reference and loan program that permits Department staff to use books from all Department libraries
- publications collected from existing materials
- appropriate publications acquired through regular budget requests that will enable staff to stay in touch with contemporary correctional standards, operations, and trends.

D. Requests for Special Training

Staff requesting training shall complete a Request and Authorization for Training or Educational Leave form (see attached and instructions). The course or workshop information and a completed registration form must be attached to the request form. The information should state who is conducting or instructing the training, including sponsor information, school, agency or institute presenting the training program. The training request should be submitted to the immediate supervisor for approval or denial, and routed to the facility/program Administrator or designee for their concurrence.

After consultation with the Training Unit to ensure availability of funds, documentation of training, and MLEA POST Certification, facility/program Administrators or their designee may approve or disapprove the training request.

E. Other Training

After consultation with the Training Unit to ensure availability of funds, documentation of training, and MLEA/ POST Certification, facility/program Administrators may authorize the use of training resources offered by local community resources, business and industry, other agencies or organizations, or by volunteers or other interested parties.

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F. Records

Employees are responsible for notifying the Training Unit of all training, educational accomplishments and professional association activities they wish recorded in their training record. The Training Unit is responsible for maintaining the Department Training records.

V. CLOSING:

Questions concerning this policy shall be directed to the Training and Staff Development Unit of the Professional Services Division.



DEPARTMENT OF CORRECTIONS

Justification For Out-Of-State Travel Request For Training / Education Leave Travel Advance

1.	1. Employee Name:		Emplo	yee ID #:	Work Location:	Work Location:	
2.	Division/Department/Title:						
3.	☐ Training / Education Leave	Out-Of-State Travel	MUST justi	fy Out-of-State	travel		
4.	Workshop / Training Title:				Location:		
5.	Training Start Date	End Dat					
6.	Education Leave Only					No	
7.	Registration: Did you reg	ister yourself?	Yes	No MUS	T attach completed Workshop registration	form.	
	Do you need the department to register you?		Yes No MUST attach completed Workshop registration form.				
	Date registration completed:		Completed by:				
	IN STATI	E TRAVEL			OUT-OF-STATE TRAVEL		
	\$12.00 Without Receipt	r Work Location Before 7 am		Breakfast	Federal Room rates. \$12.00 Without Rece \$7.00 \$11.00 \$18.00	ipt.	
	Dinner \$12.00 Must Arrive At	Work Location After 6 pm			r Diem Page: /org/main/mt/homepage/mtt/perdiem/travel.htm iem Rate")		
8.	-	ent in location facilities that	offer state ro	ites. A Travel A	This Web Page is available for state em dvance Request must be submitted to Acc 1562.		
	Registration:		Lodging:		Other:		
	Transportation:		Meals:		Total:		
0	P/P Bureau Only: Training pa		_	es No	annostad.		
	Travel Advance Requested:	Yes No		Amount Re	-	_	
10.	Organization Center No:		(This must i	be completed or	your request form will be returned.)	Yes No	
	Employee Signatur	re Date	Yes	Imm	ediate Supervisor Signature	Date Yes No	
	Program/Facility Admin	istrator Date	Yes	Regiona	al Administrator (if applicable)	Date Yes No	
	Training Coordinator Sig	nature Date	_		Director's Signature	Date	
					[Required for Out-of-State Travel]		
Co	mments:						